

PROP. NO.

2788

S. NO.

109199

NAME

: MRS. PRINSHU SINGH

REF. BY

Date

LIC

:

OCTOBER, 22, 2024

HAEMOGRAM

| Test | Result | Units | Normal Range |
|---|--------|---------------|--------------------|
| Hemoglobin | 12.90 | gm/dl | 12-18 |
| BIOCHEMISTRY-(SBT-13) | | | |
| Blood Sugar Fasting | 87.43 | mg/dl | 70-115 |
| S. Cholesterol | 158.17 | mg/dl | 130-250 |
| H.D.L. Cholesterol | 56.18 | mg/dl | 35-90 |
| L.D.L. Cholesterol | 105.86 | mg/dl | 0-160 |
| S.Triglycerides | 98.20 | mg/dl | 35-160 |
| S.Creatinine | 1.01 | mg/dl | 0.5-1.5 |
| Blood Urea Nitrogen (BUN) | 12.17 | | 06-21 |
| Albumin | 3.8 | gm ŧ | 3.2-5.50 |
| Globulin | 2.9 | gm 🕏 | 2.00-4.00 |
| S.Protein Total | 6.7 | gm# | 6.00-8.5 |
| AG/Ratio | 1.31 | , | 0.5-3.2 |
| Direct Bilirubin | 0.2 | mg/dl | 0.00-0.3 |
| Indirect Bilirubin | 0.5 | mg/dl | 0.1-1.00 |
| Total Bilirubin | 0.7 | mg/dl | 0.1-1.3 |
| S.G.O.T. | 26.47 | IU/L | 00-42 |
| S.G.P.T. | 25.75 | IU/L | 00-42 |
| Gamma Glutamyl Transferase (GGT) | 31.17 | IU/L | 00-60 |
| S. Alk. Phosphatase | 84.18 | IU/L | 28-111 |
| concension improvement and in the contradiction of the conduction | | -0.75 A (770) | (Children 151-471) |
| | | | |

********End of The Report*****

Please correlate with clinical conditions.



DR. T.K. MATHUR M.B.B.S. MD (PATH) BEGD. NO. 19702 consultant Pathologist

AGE/SEX - 35/F

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570 NOTE: Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for medico - legal cases



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SEROLOGY

Test Name

:Human Immunodeficiency Virus I&II {HIV}(Elisa method)

Result

13

"Non-Reactive"

Normal-Range

"Non-Reactive"

Test Name

:Hepatitis B Surface Antigen {HbsAg}} (Elisa method)

Result

.

"Non-Reactive"

Normal-Range

.

"Non-Reactive"

********End of The Report******

Please correlate with clinical conditions.

Insurance of the Delhi of

DR. T.K. MATHUR
M.B.B.S. MD (PATH)
REGD:NO. 19702
Consultant Pathologist



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HAEMATOLOGY

| Test | | Result Unit | s |
|----------------------------------|-----|---------------|---|
| Glycosylated Haemoglobin (HbA1c) | | 5.57 % | |
| INTERPRETATION | | | |
| Normal | | 5.0 - 6.7 | |
| Good Diabetic Control | 8 | 6.8 - 7.3 | |
| Fair Control | # E | 7.4 - 9.1 | |
| Poor Control | *0 | more than 9.1 | |

Note: - Glycosylated Haemoglobin is a specific component of HBAIC and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbAIc should be routinely monitored ideally at least every 3 months.

********End of The Report******



Please correlate with clinical conditions.

DR.T.K.MATHUR
M.B.B.S. MD (PATH)
REGD.NO. 19702
Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

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ROUTINE URINE ANALYSIS

1

:

:

:

PHYSICAL EXAMINATION

 Quantity
 : 20.ml

 Colour
 : P.YELLOW

 Transparency
 : Clear

 Sp Gravity
 : 1.010

CHEMICAL EXAMINATION

Reaction : ACIDIC

Albumin : Nil /HPF Reducing Sugar : Nil. /HPF

MICROSCOPIC EXAMINATION

Casts : Nil.

Crystals : Nil. /HPF

Bacteria : Nil. Others : Nil.

********End of The Report******

Please correlate with clinical conditions.



DR. T.K. MATHUR
M.B.B.S. MD (PATH)
REGD: NO. 19702
Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE: Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for medico – legal cases.

To, LIC of India Branch Office

Proposal No.

2788

Name of the Life to be assured

PRIMSHU SINGH

The Life to be assured was identified on the basis of

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Dr. BINDU

Signature of the Pathologist/ Doctor

Name:

I confirm, I was on lasting to last of teny hours. All the Examination / tests as mentioned below were done with my consent.

(Signature of the Dite to be a sured

Name of life to be assured:

lev Delhr 1

| Sr. | | orts Enclose | | |
|-----|----------------------------------|--------------|--|--|
| No | Reports Name | Sr. No | Reports Name | |
| 1 | FMR | 9 | Lipidogram | |
| 2 | Rest ECG with Tracing - | 10 | BST (Blood Sugar Test-Fasting & PP) Both | |
| 3 | Haemogram | 111 | Hba1c | |
| 4 | Hb% | 12 | FBS (Fasting Blood Sugar) | |
| 5 | SBT-13 | 13 | PGBS (Post Glucose Blood Sugar) | |
| 6 | Elisa for HIV | 14 | CTMT with Tracing | |
| 7 | RUA | 15 | Proposal and other documents | |
| 8 | Chest X-Ray with Plate (PA View) | | The post and other documents | |

Questionnaires:

17. Others (Please Specify)

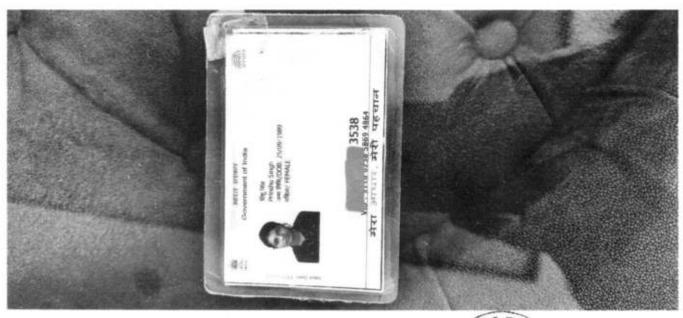
mad Lave

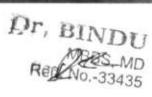
Remarks of on

TPA Services PVT LTD

Authorized Signature,













ANNEXURE II - I

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone

Division

Branch

Proposal No. -

2788

Agent/D.O. Code:

Introduced by:

(name & signature)

STACH

Full Name of Life to be assured: PRIHLHO

Age/Sex

3540 IF

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against i. impersonation
- The examinee and the person introducing him must sign in your presence. Do ii. not use the form signed in advance. Also obtain signatures on ECG tracings.
- The base line must be steady. The tracing must be pasted on a folder. iii.
- Rest ECG should be 12 leads along with Standardization slip, each lead with iv. minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or 1 wave change, they should be recorded additionally in deep inspiration. If VI shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated - given by me to LIC of India.

Witness

Note: Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? i.
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or ii. kidney disease? Y/N
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form. Dr. BINDU 22/10/2024

Dated at

Signature of L.A.

on the day of

2023

Signature of the Cardiologist

Name & Address

Qualification Code No.



Clinical findings (A)

| Height (Cms) | Weight (kgs) | Blood Pressure | Pulse Rate |
|--------------|--------------|----------------|------------|
| 168 | 71 | 116 74 | 7614 |

| (B) | Cardiovascular System | 9 | | |
|--------|------------------------------|---------|---------------|-----|
| ъ. | | •••••• | | |
| Rest I | ECG Report: | | | |
| | Position | Suspine | P Wave | (2) |
| | Standardisation Imv | 6 | PR Interval | |
| | Mechanism | 0 | QRS Complexes | (0 |
| | Voltage | (0) | Q-T Duration | 0 |
| | Electrical Axis | 0 | S-T Segment | 0 |
| | Auricular Rate | ACIM | T-wave | |
| | Ventricular Rate | 761m | Q-Wave | 6 |
| | Rhythm | Rower | | - 6 |
| | Additional findings, if any. | 110 | | |

Conclusion:

ELC-MHC

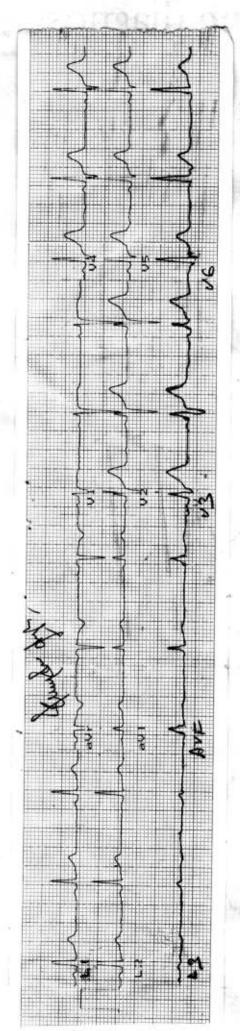
Dated at

on the day of 200





Signature of the Cardiologist Name & Address Qualification Code No.



PAZHSMU SINGA

Alex 25-10/F





